

CHILD/TEEN IMMUNIZATIONS		Date	Clinic/Provider
DTaP DT Td DTP		2-19-04	
DTaP DT Td DTP		6-24-04	
DTaP DT Td DTP		3-19-05	
DTaP DT Td DTP		11-21-05	
DTaP DT Td DTP			
Hep B		1-8-04	
Hep B		2-19-04	
Hep B		9-30-04	
Hep B			
HIB		2-19-04	
HIB		4-29-04	
HIB		6-24-04	
HIB		4-23-05	
Polio		2-19-04	
Polio		4-29-04	
Polio		4-23-05	
Polio			
S. Pneumonia		2-19-04	
S. Pneumonia		4-29-04	
S. Pneumonia		1-27-05	
S. Pneumonia		4-23-05	
Varicella		1-27-05	
Varicella			
MMR		1-27-05	
MMR			
Hep A			
Hep A			
Influenza			
Influenza			
Influenza			
Influenza			
Meningococcal			
Other			
Result			
TB Skin Test		1-27-05	Neg
TB Skin Test			
TB Skin Test			

Fatimiah
Lee.

12-27-03

STATE OF ALABAMA
CERTIFICATE OF RELIGIOUS EXEMPTION FROM IMMUNIZATION

FATIMAH S. LEE

Name of Child

12/27/2003

Date of Birth

I attest that vaccines are in conflict with the tenets and practices of my religion. I request that my child be given a Certificate of Religious Exemption from Immunization. I understand that my child may be excluded from daycare or school if a vaccine-preventable disease occurs.

EUGENIC M. LEE

Montgomery County Health Department
Immunization Division
3060 Mobile Highway
Montgomery, Alabama 36108
334-293-6448

County Health Department Stamp

02/10/2017

Date

10 FEB 17

Date Issued



Signature of Clinic Staff Member

Religious exemption applies to:

☒ All vaccines

☐ Exemption applies to the following vaccines

